

MassHealth Provider Types

Provider Type	Doing Business As (DBA)/Mailing Address (no tax ID change)		Legal Entity Address (no tax ID change)		Billing Address (no tax ID change)	
	New PID/SL	Forms Required	New PID/SL	Forms Required	New PID/SL	Forms Required
PT-1 PHYSICIAN PT-2 OPTOMETRIST PT-3 OPTICIAN PT-4 OCULARIST PT-5 PSYCHOLOGIST PT-6 PODIATRIST PT-8 NURSE MIDWIFE PT-16 CHIROPRACTOR PT-17 NURSE PRACTITIONER PT-39 PHYSICIAN ASSISTANT PT-51 CERTIFIED REGISTERED NURSE ANESTHETISTS PT-57 CLINICAL NURSE SPECIALIST (CNS) PT-90 PHARMACIST PT-92 CLINICAL SOCIAL WORKER PT-18 MANAGED CARE RMC CONTRACTOR PT-19 ICO PROVIDERS PT-37 PACE PT-44 HEARING INSTRUMENT SPECIALIST PT-50 AUDIOLOGIST PT-77 SENIOR CARE OPTIONS (SCO) PT-78 PSYCHIATRIC CLINICAL NURSE SPECIALISTS (PCNS) PT-86 QMB ONLY PROVIDERS PT-97 GROUP PRACTICE ORGANIZATION PT-A2 ACO A PT-A3 ACO C PT-A4 ACO B FULL IMPLEMENTATION ONLY PT-A5 CP CSA PT-A6 CP LTSS PT-A7 CP BH PT-A8 ELTSS CP	No	Update request on POSC or submit Provider Change of Address Form (P.O. Box Numbers are not acceptable for DBA) Copy of updated DPH license (if applicable) Copy of updated CLIA license (if applicable)				
PT-20 COMMUNITY HEALTH CENTER (CHC) PT-21 FAMILY PLANNING AGENCY PT-22 ABORTION/STERILIZATION CLINIC PT-25 RENAL DIALYSIS CLINIC PT-26 MENTAL HEALTH CENTER PT-28 SUBSTANCE ABUSE PROGRAM PT-29 EARLY INTERVENTION PT-30 HEALTH MAINTENANCE ORGANIZATION PT-31 VOLUME PURCHASER PT-33 CASE MANAGEMENT PT-35 STATE AGENCY SERVICES PT-36 DPH TRANSPORTATION (& DPH WAIVER) PT-40 PHARMACY PT-45 INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) PT-46 CERTIFIED INDEPENDENT LABORATORY PT-53 ICF-MR STATE SCHOOL PT-55 REST HOME PT-56 MFP DEMONSTRATION PT-65 PSYCHIATRIC DAY TREATMENT PT-68 HOME CARE CORPORATION PT-70 ACUTE INPATIENT HOSPITAL PT-73 PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES) PT-74 SUBSTANCE ADDICTION DISORDER INPATIENT HOSPITAL PT-75 SUBSTANCE ADDICTION DISORDER OUTPATIENT HOSPITAL PT-76 INTENSIVE RESIDENTIAL TREATMENT PROGRAM (IRTP) PT-80 ACUTE OUTPATIENT HOSPITAL PT-81 HOSPITAL LICENSED HEALTH CENTER (HLHC) PT-83 PSYCHIATRIC OUTPATIENT HOSPITAL PT-84 AMBULATORY SURGERY CENTER PT-87 RADIATION ONCOLOGY TREATMENT CENTERS PT-89 SCHOOL-BASED MEDICAID PT-91 INDIAN HEALTH SERVICES PT-93 THIRD PARTY ADMINISTRATOR PT-94 ACCOUNTABLE CARE PROVIDER ORG PT-95 COMPLEX CARE MANAGEMENT PT-96 LIMITED SERVICES CLINICS PT-98 SPECIAL PROGRAMS PT-99 RELATIONSHIP ENTITY PT-49 TRANSPORTATION	Yes	New Application	No	Update request on POSC or submit Provider Change of Address Form (P.O. Box Numbers are not acceptable) Massachusetts Substitute W-9 form* (with original signature)	No	Update request on POSC or submit Provider Change of Address Form
PT-49 TRANSPORTATION	No					

* Massachusetts Substitute W-9 form is not needed for no pay providers

Note: If your provider type requires that you be enrolled with Medicare, you must update your address with Medicare.

[LTSS providers - please go to the MassHealth LTSS Provider Portal](#)

[Dental providers - please go to the MassHealth Provider Web Portal](#)